Kentucky Board of Nursing
312 Whittington Pky Ste 300
Louisville KY 40222-5172
Web Address: kbn.ky.gov

DUPLICATE LICENSE REQUEST FORM

$35 FEE PER CARD
(NON-REFUNDABLE)

Please type or print using CAPITAL LETTERS and black ink.

Section 1: Biographical Data

Last Name (print clearly)

First Name (print clearly)

Full Middle Name (print clearly)

Maiden Name (print clearly)

Street (print clearly)

City (print clearly) **State** **Zip Code** (print clearly)

County of Residence (print clearly)

Country, if not U.S.A. (print clearly) **International Postal Code** (print clearly)

Home Phone (print clearly) **Daytime Phone** (print clearly)

Social Security # (print clearly) **Date of Birth** (print clearly)

KY License # (print clearly)

Section 2: License Type Requested

Please indicate the type of license, registration, or credential you are requesting by checking the appropriate box(es):

☐ **RN** ☐ **LPN** ☐ **ARNP** ☐ **SANE** **A $35 fee is required for each type of card requested.**

Section 3: Reason for Reissue

Please indicate the reason for this request by checking the appropriate box:

Original License Card Was: ☐ **Lost** ☐ **Stolen** ☐ **Never Received (No Fee Required)**

Section 4: Declaration of Permanent Residence and Areas of Practice

I declare my state of primary residence to be: ☐ **Kentucky** ☐ **Other (Specify State)**

Do not submit evidence of primary residence unless requested to do so.

Do you practice nursing ONLY in a military/federal facility? ☐ **Yes** ☐ **No**

Signature **Date**

Return Completed Form To:

Credentials Department, Attn: Duplicate License Request
Kentucky Board of Nursing
312 Whittington Pky, Suite 300, Louisville, KY 40222-5172